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ABSTRACT

Rural school districts often have limited numbers of special educators available, limited financial resources, and schools with very small, isolated populations. These limitations reveal the need for regular educators in the schools to gain skills needed for diagnosis and remediation of mildly handicapped students. This paper suggests utilizing special education teachers already employed in the system who can assist regular educators in gaining additional skills needed in their particular classroom settings. Assessment and intervention must be closely tied together and both should be curriculum-based. Ideally the regular and special education teacher work together at the pre-screening period to determine the extent and depth of the student's problem. Intervention can often be performed by the regular classroom teacher with input from the special educator about specific learning strategies. A variety of collaborative efforts between regular and special education teacher can be attempted. They can work together in the school setting or the special educator can be a travelling consultant. A third method is to provide intensive special education training to regular educators who remain regular educators in the schools but serve as consultants to other teachers in their classrooms. (DHP)

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RURAL MILDLY HANDICAPPED STUDENTS IN THE LEAST RESTRICTIVE ENVIRONMENT: IMPLICATIONS FOR IDENTIFICATION AND INTERVENTION

The fact that there is a critical shortage of qualified special education teachers throughout every state has been heavily documented. If urban and suburban school systems have difficulty recruiting and retaining special education teachers, then isolated rural areas will typically have even more difficulty. Many states now have designated special education as an official "critical needs area", and are beginning to provide financial assistance to teachers already in the field who will take coursework and/or degree programs that will lead to certification in any of the areas of special education. In addition, the assistance provided will be forgiven by the state on a variety of plans, such as each year of teaching in a special education assignment will reduce the amount to be repaid by 20% or 25%. Even with such incentives, many positions continue to remain unfilled.

The shortage of teachers in rural areas can be the result of a number of factors. Among these is geographical distance from any college or university, which makes continuing education relatively inaccessible for rural teachers. Most teachers new to the field have a desire to continue their education beyond the bachelor's degree, and prefer to begin soon after beginning their first teaching assignments. Lack of facilities to do so certainly deters applicants from applying to specific school districts.

An addition problem is that administrators in many rural school districts have given special education a very low priority in both funding and administrative support. A prospective candidate may quickly shy away from a situation in which he/she is the only special education teacher in the school and/or surrounding area, or in a district which employs a very limited number of special educators and there is no clearly designated director of special services.

One result of these critical shortages is that many mildly handicapped students remain unidentified and/or inadequately served. There is obviously a need for additional teachers who

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possess special education skills to work in rural areas to provide services to this group of students in the the most appropriate educational environment. This does not always infer that there must necessarily be more special education teachers, but more teachers with special education skills. This is an approach which has not been utilized by many school districts, as far too often the emphasis is placed on the employment of fully certified special education teachers who will be exclusively special education teachers only. If no such teachers are available, the positions remain unfilled and the students are then unserved, underserved, or not identified. None of these approaches seem in the best interest of the handicapped student.

Obviously, a model must be developed and implemented that will allow the optimum utilization of the personnel resources in the school and system. Foremost, special educators are going to have to develop skills that will allow them to work more closely with regular educators, and they in turn, must gain skills that are normally now placed within the purvue of the special educator. This is, in reality, what the regular/special education initiative is really all about. This will require very close collaboration between and among regular and special educators in developing a master plan that will meet the needs of rural students experiencing mild learning and/or behavioral problems.

As previously mentioned, rural school districts often have limited numbers of special educators available in any school system, limited financial resources, and schools with very small populations isolated from the larger schools or/or district offices. All of these limitations point to the need for the regular educator in the schools to gain skills needed for the diagnosis and remediation of mildly handicapped students. This can best be accomplished in two ways. One is through formal coursework provided through colleges and universities and encouraged and financially supported by the school district. The second is by utilizing those special education teachers already employed in the system who can assist regular educators in gaining additional skills needed in their particular classroom settings.

ASSESSMENT

Assessment serves a variety of purposes. In most instances, the first level of assessment is the screening of students to determine if there is indeed a problem, and if further evaluation is warranted. Screening is normally done by classroom teachers, utilizing a combination of both informal and formal assessment techniques that have been specifically designed to be utilized by teachers rather than psychologists.

Should a problem be documented at the screening level, the next level is that of determining eligibility. This is normally done in most states by "certified" personnel, such as evaluators,

school psychologists, etc., whose specific role is that of diagnosis and labelling. At this level the more formal standardized tests are utilized, including individually administered tests of intelligence, standardized achievement tests, and possibly some projective techniques. This assessment is standardized in most states because of the requirements in PL 94-142, and very specific state regulations.

The third stage of assessment, and probably by far the most important and on-going, is that of assessment for program planning. Generally a student is initially referred because he/she is having problems progressing in the regular curriculum as provided by the school district. After the assessment has been completed, it still remains the responsibility of the regular and special education teachers to determine how to provide remediation to the student in the classroom setting. It is often at this level that criterion referenced testing, informal assessment, and on-going classroom activities make up the majority of the assessment procedures.

Far too often, however, this is where the system begins to break down. Regardless of the plan of action, the regular educator sees the major remedial responsibilities belonging to the special educator, while the special educator sees the regular educator as having the responsibility for providing on-going remediation in the regular classroom. When this happens, the student suffers, for there is no continuum of services being provided. Labelling too often divides up responsibilities for the education of the student, rather than providing a workable remedial program.

It becomes especially critical when a student is screened and evaluated, only to be found not eligible for special education services. At that point it is highly possible no remedial services will be provided, as the regular educator does not have the time or skills to provide them, and the special educator has not been made responsible for the student. Obviously, it would be much better if the student who is suspected to be mildly handicapped could receive the combined diagnostic and remedial services of both the regular and special educator before any referral procedures are implemented. It is highly possible combining of these resources would eliminate the necessity for further referral as remediation could take place within the regular classroom setting.

Ideally both the regular and special education teacher should work together at the pre-screening level to try to determine the extent and depth of the problem of the student in question. If this could be done in a collaborative manner, utilizing all the appropriate instruments, such as informal assessment, criterion referenced assessment and curriculum based assessment, many of the students in question could receive the proper remediation without the necessity of screening and referral. When this is accomplished, the number of mildly handicapped students referred for assessment and placement would

be reduced appreciable. At the same time the special educator would be able to concentrate efforts on those students truly in need of special education services who are moderately to severely learning and behaviorally handicapped. Often the problem is that the curriculum does not meet the needs of individual students within the classroom. When the regular educator can develop the additional skills needed to appropriately modify the curriculum to meet these individual needs, then many of the suspected learning and behavioral problems will be eliminated.

INTERVENTION

Intervention of mildly handicapped students in rural areas needs to be both practical and sound. It must be practical from the point that a great portion of the intervention must be done by the regular classroom teacher because there may not be a special education class within the school or within a reasonable driving distance. It must be sound in that if the regular educator is to provide the remediation it must have a pedagogical base that allows it to be implemented within the classroom and integrated into the classroom setting.

Skills deficiencies in lower grades are different from those in the upper grades. The teacher must first determine, in the intervention stages, specifically where the student is functioning in order to gear the intervention appropriately. For example, the lower levels reading consists of initial phonics, writing letter formations, and literal translation of the written word. Math consist of learning facts, basic computation and gaining the basic skills. At the middle grades (4-6) the emphasis centers on inferential aspects of reading, on the subject matter being taught, and written language becomes more expressive. Oral length and complexity are areas of concern. Reading at this level has moved from decoding to comprehension. Math is now concerned with word problems, and the utilizing of the basic number facts in a variety of ways throughout subject matter areas.

Obviously, a teacher who assesses a student placed in the fourth grade classroom only to find first and second grade skills are missing has no alternative but to take the student back to those skill areas in order to teach them. It then becomes evident that remediation on the part of the regular classroom teacher, if it is to be curriculum-based, must span far more than one or two grade levels. Since intervention is tied to assessment, the teacher must move to prerequisite skills assessment if they are found missing in the initial evaluation. For students to receive appropriate remediation the classroom teacher must provide those basic skills interventions. It is at this point that the special education teacher should be invaluable in assisting in the planning and implementation of such a program. It is imperative that the remediation be based upon the curriculum used within the school. This means these materials must be adapted to the individual student needs if they

are to be useful. The special education teacher, or consultant, should be able to provide a great deal of assistance and input. But, the total process should be that of assisting the regular educator in gaining additional skills which will help her/him not only now but in the future with other students who are going to need basic skills remediation. The whole idea is that of a learning process for the teacher and the student, as well as for the special educator. Additional skills gained to be used with one student should certainly be transferable to another student in a similar situation. Specific learning strategies for the student's instructional level is the key to success at the intervention level.

COLLABORATION

Collaboration is much easier said that done. The basic concept is that the regular and special educator work together to provide the remediation and programming needed in order to to maintain the mild handicapped child in the regular classroom. This model presumes that with each student, first an attempt to is made remediation within the regular classroom setting, and only if that does not produce success is the student referred for further evaluation and possible special education placement. Both teachers will benefit from such a model. For the regular educator it means the gaining of additional skills which can be used in the future with other students with like problems. It also means that immediate intervention can be begun by not having to wait until the referral process is complete. In some rural areas there may be an inordinate length of time from first contact with the parents regarding the possibility of referral to when the placement is completed. It also means that the student will not have to be removed from the regular classroom, or very possibly transported to a school some distance away. It also, and probably most importantly, gives the regular educator a sense of accomplishment and dignity, knowing that a student who previously would have been referred and possibly labelled is being remediated in the regular classroom setting.

For the special educator, probably most importantly, it means that a student who really does not need special education services will not be taking the place of one who has a much more severe problems. It also helps to reduce the amount of referrals and consequently the caseload, giving the special educator much more valuable time with those students who have the more severe problems. It also allows the special educator to share skills and competencies with regular educators which can only enhance the total learning situation. This is especially so if the regular educator has students in his/her class that are in resource room for part of the day, but for the majority of the day are in the regular classroom setting.

Such a collaborative effort takes time and effort on the part of both the regular and special educator. It also requires that there be administrative support at both the school and

district office level. It is not an easy alternative, nor it is a "cheap" method of serving students who should be in a resource or self contained setting. It is one more additional method of meeting the needs of the mildly handicapped students in a least restrictive, yet appropriate, setting.

A variety of collaborative efforts can be attempted. One is for the regular and special educator work together in the school setting, assuming that there is a full-time special educator in the school. A second is for the special educator to be a consultant, and travel from school to school working with regular educators. A third method, and one that has a great deal of merit, is to provide intensive special education training to regular educators who will remain regular educators in the schools. They will, however, be consultants to other teachers who have handicapped students in their classroom. This method allows better communication, for regular educators are communicating with regular educators. It can be implemented in a school in which a special education teacher assignment cannot be justified, but still allows for an "in house" consultant to be available at all times to teachers, staff and administration.

SUMMARY

Serving mildly handicapped students in rural areas becomes a very difficult problem to solve. Often there are not enough students in one school to warrant a special educator being assigned. However, it may be many miles to the nearest school which will entail an inordinate length of travel each day on the bus. One solution is to have specific regular educators receive the training necessary to become their own in-school consultants and provide service to other regular educators.

Any model of service to the mildly handicapped must include a well thought-out plan of assessment and intervention. These two must be very closely tied together. The assessment must be curriculum-based and able to be conducted by the regular educator. In turn, intervention must also be curriculum-based and carried out in the regular classroom setting. The assessment and intervention both must be designed so as to determine which, if any, of the basic skills may be missing from, or deficit in, a student's educational experience. A plan for must be formulated for developing these skills. It means that assessment must be much encompass more than one to two grade levels. It must begin with first grade and continue up to the student's present level of functioning. To develop assessment in any other way will surely doom the intervention because it will no be directed toward the true problem areas of the student.

While assessment and intervention are both difficult to conduct in the classroom, a consultation model will alleviate some of the difficulties. A person within the school who has the training and expertise to work with mildly handicapped students can provide assistance to every teacher in the school. Such

assistance not only helps remediate the problem at hand, but also gives the cooperating teachers new and additional areas of expertise which can be used with other students who are having learning and behavioral problems.